

## 2009 Montana S Corporation Information and Composite Tax Return

Attach a copy of federal Form 1120S and Schedule(s) K-1

For calendar year 2009 or tax year beginning (MM-DD) \_\_\_\_ - \_\_\_\_ - **09** and ending (MM-DD-YY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name Rader Angus Ranch, Inc		FEIN: <u>xx-xxxxxxx</u>
Mailing Address PO Box 806		Federal Business Code: <u>531190</u>
If new address, check here <input type="checkbox"/>		Incorporated in the State of: <u>MT</u>
City Seeley Lake	State MT	Date: <u>01/07/1994</u>
Zip+4 59868		Date Qualified in Montana: <u>01/07/1994</u>
<input checked="" type="checkbox"/> I <b>do not</b> need the Montana S Corporation Information Return and Instructions sent to me next year.		
<input type="checkbox"/> I am <b>requesting a refund</b> with this tax return.		

☐ Check if this is an initial return☐ Check if this is a final return

Reason for final return:

- ☐ a. Withdrawn  
☐ b. Dissolved  
☐ c. Merged  
☐ d. Reorganized

☐ Check if this is an amended return

If you check the box above, check below all the reasons for amending your return:

- ☐ a. Federal Revenue Agent Report (a complete copy of this report is required)  
☐ b. Apportionment factor changes (attach a statement explaining adjustments)  
☐ c. Amended federal return  
☐ d. Amended composite return  
☐ e. Other (attach a statement explaining all adjustments in detail)

## Shareholders' Pro Rata Share Items (Form 1120S, Schedule K)

1. Ordinary business income (loss) .....	1.	2,000
2. Net rental real estate income (loss) (attach federal Form 8825) .....	2.	385,006
3. a. Other gross rental income (loss) .....	3a.	
b. Expenses from other rental activities (attach schedule) .....	3b.	
c. Subtract line 3b from line 3a. <b>This is your other net rental income or loss.</b> .....	3c.	
4. Interest income .....	4.	44
5. Ordinary dividends .....	5.	
6. Royalties .....	6.	
7. Net short-term capital gain (loss) (attach federal Schedule D, Form 1120S) .....	7.	
8. Net long-term capital gain (loss) (attach federal Schedule D, Form 1120S) .....	8.	
9. Net section 1231 gain (loss) (attach federal Form 4797) .....	9.	
10. Other income (loss) .....	10.	
11. Add lines 1 through 10 and enter result. <b>This is your total share of income or loss.</b> .....	11.	387,050

## Shareholders' Shares of Deduction (Form 1120S, Schedule K)

12. Section 179 deduction (attach federal Form 4562) .....	12.	
13. a. Contributions .....	13a.	
b. Investment interest expense .....	13b.	
c. Section 59(e)(2) expenditures (attach detailed schedule) .....	13c.	
d. Other deductions (attach detailed schedule) .....	13d.	
14. Add lines 12 through 13d and enter result. <b>This is your total share of deductions.</b> .....	14.	

## Shareholders' Distributive Shares of Montana Additions and Deductions to Income

15. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions) .....	15a.	
b. Taxes based on income or profits .....	15b.	
c. Other additions (attach a detailed breakdown) .....	15c.	
Add lines 15a, 15b, and 15c; enter result. <b>This is your total Montana additions to income.</b> .....	15.	
16. a. Interest on U.S. government obligations (attach schedule) .....	16a.	
b. Deduction for purchasing recycled material (attach Form RCYL) .....	16b.	
c. Other deductions (attach detailed breakdown) .....	16c.	
Add lines 16a, 16b, and 16c; enter result. <b>This is your total Montana deductions to income.</b> .....	16.	
17. Subtract line 14 from line 11. Add the result to line 15, then subtract line 16 from that result. <b>This is your net taxable income (loss).</b> .....	17.	387,050

## Shareholders' Distributive Shares of Multistate Apportionment and Allocation

18. Income apportioned to Montana. Multiply line 17 X _____ % from Schedule I, line 5; enter the result. ....	18.	
19. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions) .....	19.	
20. Add lines 18 and 19; enter result. <b>This is the total Montana source income for multistate taxpayers.</b> .....	20.	

## S Corporation Composite Return Tax

21. Enter your Montana total composite tax from Schedule III, column F ..... 21. 7,638

22. Enter the amount of total shareholder withholding from Schedule III, column G .....22. 7,792

23. a. Total Montana mineral royalty tax withheld as reported on federal Form(s) 1099... 23a.

b. Mineral royalty tax withheld attributable to Montana residents..... 23b.

c. Mineral royalty tax withheld attributable to nonresidents not reporting on Schedule IV ..... 23c.

d. Add lines 23b and 23c. This is the total mineral royalty tax withheld reported by shareholders on their income tax returns.....23d.

e. Subtract line 23d from 23a. This is the mineral royalty tax withheld attributable to nonresidents reporting on Schedule IV ..... 23e.

24. a. 2008 overpayment applied to 2009 ..... 24a.

b. 2009 estimated payments.....24b.

c. 2009 extension payment..... 24c.

d. Montana income tax withheld. Attach Form PT-WH ..... 24d.

e. For amended returns only—payments made with original return (see instructions) 24e.

f. For amended returns only—previously issued refunds (see instructions)..... 24f.

g. Add lines 24a through 24e then subtract line 24f and enter the result here. **This is your total return payments.** .....

25. Add lines 21 and 22, then subtract lines 23e and 24g. This is your amount due or (overpaid).....	25.	7,430
--	-----	-------

26. a. S corporation information return late filing penalty ..... 26a.

b. Interest on underpayment of estimated composite tax..... 26b.

c. Composite income tax return late filing penalty ..... 26c.

d. Late payment penalty ..... 26d

e. Interest.....26e

f. Add lines 26a through 26e. **This is your total penalties and interest.**.....

27. Add lines 25 and 26f; enter the result here.....27. 7,430


28. If line 27 results in an amount due, enter it here. **This is the amount you owe.** ..... 28.

29. If line 27 results in an overpayment, enter it here. **This is your overpayment.** .....29.

30. Enter the amount from line 29 that you want applied to your 2010 composite estimated tax..... 30

31. Subtract line 30 from line 29 and enter the amount here. **This is your refund.** .....31.

For Direct Deposit of your refund, complete 1, 2, 3, and 4. Please see instructions on page 7.	1. RTN#	<input type="text"/>	2. ACCT#	<input type="text"/>
	3. If using direct deposit, you are required to mark one box. <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	4. Is this refund going to an account that is located outside of the United States or its territories? <input type="checkbox"/> Yes <input type="checkbox"/> No			

	Name, address and telephone number of paid preparer	<input checked="" type="checkbox"/> Check this box and attach a copy of your federal Form 7004 to receive your Montana extension.
	SSN, FEIN or PTIN:	

May the DOR discuss this return with your tax preparer? ☒ Yes ☐ No

This return has to be signed by one of the following: president, vice president, treasurer, assistant treasurer, or chief accounting officer.

I, the undersigned officer of the corporation for which this return is made, hereby declare that this return, including all accompanying schedules and statements, is to the best of my knowledge and belief a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of officer <b>X</b>	Date	<b>Printed</b> name and title	Telephone number
----------------------------------	------	-------------------------------	------------------

**Questions?** Call us toll free at (866) 859-2254 (in Helena, 444-6900), or TDD (406) 444-2830 for hearing impaired.

**Schedule II – Form CLT-4S, page 4**Entity name Rader Angus Ranch, Inc Tax period ending 12-31-2009 FEIN xx-xxxxxxx

<b>Montana S Corporation Tax Credits</b>	
<b>Type of Credit</b>	<b>Amount of Credit</b>
1. Montana Dependent Care Assistance Credit ..... attach Form DCAC	
2. Montana College Contribution Credit ..... attach Form CC	
3. Health Insurance for Uninsured Montanans Credit ..... attach Form HI	
4. Montana Recycle Credit ..... attach Form RCYL	
5. Alternative Energy Production Credit ..... attach Form AEPC	5,250
6. Contractor's Gross Receipts Tax Credit ..... attach supporting schedule	
7. Alternative Fuel Credit ..... attach Form AFCR	500
8. Infrastructure Users Fee Credit ..... attach Form IUFC	
9. Qualified Endowment Credit ..... attach Form QEC	
10. Historical Buildings Preservation Credit ..... attach federal Form 3468	
11. Increase Research and Development Activities Credit ..... attach Form RSCH	
12. Mineral Exploration Incentive Credit ..... attach Forms MINE-CERT and MINE-CRED	
13. Empowerment Zone Credit	
14. Film Production Credit ..... attach Form FPC	
15. Biodiesel Blending and Storage Credit ..... attach Form BBSC	
16. Oilseed Crushing and Biodiesel/Biolubricant Production Credit ..... attach Form OSC	
17. Insure Montana Small Business Health Insurance Credit. Business FEIN: _____	
18. Temporary Emergency Lodging Credit ..... attach Form TELC	
<b>Type of Credit Recapture</b>	<b>Amount of Credit Recapture</b>
19. Qualified Endowment Credit Recapture	
20. Historical Buildings Preservation Credit Recapture	
21. Film Production Credit Recapture	
22. Biodiesel Blending and Storage Credit Recapture	
23. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	

Any credit or credit recapture from an S corporation has to be attributed to its shareholders using the same proportion that is used when it reported that shareholder's income or loss for Montana income tax purposes. Please attach a detailed breakdown that shows each shareholder's share of the credit or credit recapture.

In order to receive these credits, all shareholders will have to attach their applicable credit forms to their individual income or corporation license tax returns.

Schedule III – Form CLT-4S, page 5

Entity name Rader Angus Ranch, Inc Tax period ending 12-31-2009 FEIN xx-xxxxxxx

Summary Schedule of Income and Supplemental Information

Section A: Resident Shareholders

A	B	C	D
Name Street Address or or P O Box City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)
1. Kevin R Bock PO Box 806 Seeley Lake, MT 59868	SSN xxx-xx-xxxx FEIN	17.706360	68,533
2. Brent R Smith 2986 Canal Circle Helena, MT 59601	SSN xxx-xx-xxxx FEIN	17.706360	68,533
3.	SSN FEIN		
4.	SSN FEIN		
Section A Totals		34.41272	

Shareholder Withholding: ☒ yes ☐ no  
Composite Income Tax: ☒ yes ☐ no

Number of Resident Shareholders	2
Number of Nonresident Shareholders	4
Total Number of Shareholders	6

Section B: Nonresident Individual Shareholders or Second Tier Pass-Through Entity Owners

A	B	C	D	E	F	G	H
Name Street Address or P O Box City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)	Federal Income from Entity (from federal Schedule K-1)	Composite Income Tax (from Schedule IV, column J)	Shareholder Withholding (see instructions)	Consent Agreement (Year)
1. Sharon R Rader 3695 Halter Drive Las Vegas, NV 89122	SSN xxx-xx-xxxx FEIN	17.706360	68,533	68,533	3,819		
2. Carole Guidry 101 North Street Hayden, ID 83853	SSN xxx-xx-xxxx FEIN	17.706360	68,533	68,533	3,819		
3. Keisle D Lewis 16799 West Deer Ridge Post Falls, ID 83854	SSN xxx-xx-xxxx FEIN	17.706360	68,533	68,533		4,729	
Section B Totals		64.58728			7,638	7,792	
Total of Sections A and B, column C only		100.0000					

For each nonresident shareholder, complete ONLY one of these three columns: F, G or H. Please refer to the instructions for Schedule III.

Transfer the total from Column F to Form CLT-4S, page 2, line 21.  
Transfer the total from Column G to Form CLT-4S, page 2, line 22.  
Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

Schedule III – Form CLT-4S, page 5

Entity name Rader Angus Ranch, Inc Tax period ending 12-31-2009 FEIN xx-xxxxxxx

Montana S Corporation Information  
Summary Schedule of Income and Supplemental Information

Section A: Resident Shareholders

A	B	C	D
Name Street Address or P O Box City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)
1.	SSN		
	FEIN		
2.	SSN		
	FEIN		
3.	SSN		
	FEIN		
4.	SSN		
	FEIN		
Section A Totals			

Shareholder Withholding: ☒ yes ☐ no  
Composite Income Tax: ☒ yes ☐ no

Number of Resident Shareholders	2
Number of Nonresident Shareholders	4
Total Number of Shareholders	6

Section B: Nonresident Individual Shareholders or Second Tier Pass-Through Entity Owners

A	B	C	D	E	F	G	H
Name Street Address or P O Box City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)	Federal Income from Entity (from federal Schedule K-1)	Composite Income Tax (from Schedule IV, column J)	Shareholder Withholding (see instructions)	Consent Agreement (year)
1. Bradley M Doig 3019 NE Huntington Lane Ankeny, IA 50021	SSN xxx-xx-xxxx FEIN	11.468200	44,385	44,385		3,063	
2.	SSN FEIN						
3.	SSN FEIN						
Section B Totals					11.468200	3,063	
Total of Sections A and B, column C only							

For each nonresident shareholder, complete ONLY one of these three columns: F, G or H. Please refer to the instructions for Schedule III.

Transfer the total from Column F to Form CLT-4S, page 2, line 21.  
Transfer the total from Column G to Form CLT-4S, page 2, line 22.  
Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

**Schedule IV – Form CLT-4S, page 6**

Entity name CaRader Angus Ranch, Inc

Tax period ending 12-31-2009

FEIN xx-xxxxxx

**Montana S Corporation Composite Income Tax Schedule**

**Eligible Participating Shareholders:** An eligible participant is a shareholder who is a nonresident individual or a pass-through entity whose only Montana source income for the tax year is from this entity and from other pass-through entities who have elected to file a composite return and pay a composite tax on behalf of the eligible participating shareholder. The entity must retain an executed power of attorney signed by the eligible participating shareholder, authorizing the S corporation to file a composite return and act on the shareholder's behalf.

Enter the number of participating shareholders. 4

Enter below in columns A through J the required information and amounts for each eligible participating shareholder.

A	B	C	D	E	F	G	H	I	J
Name	Social security number or federal employer identification number	Federal income from entity	Standard deduction	Exemption \$2,110	Calculate Montana taxable income. Subtract column D from column C then subtract column E from the result.	Enter the appropriate tax from the tax table below.	Montana source income	Ratio. Divide column H by column C and enter result.	Montana composite income tax. Multiply column G times column I and enter result.
1. Sharon Rader	xxx-xx-xxxx	68,533	3,950	2,110	62,473	3,819	68,533	100%	3,819
2. Carole Rader	xxx-xx-xxxx	68,533	3,950	2,110	62,473	3,819	68,533	100%	3,819
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
Column J Total									7,638

Transfer the amounts from column J to CLT-4S, Schedule III, Section B, column F.

Use additional sheets if necessary or you may use a document formatted similarly to Schedule IV as a substitute.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax	If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,600	1% (0.010)	\$0		\$9,300	\$12,000	5% (0.050)	\$233	
\$2,600	\$4,500	2% (0.020)	\$26		\$12,000	\$15,400	6% (0.060)	\$353	
\$4,500	\$6,900	3% (0.030)	\$71		More Than \$15,400		6.9% (0.069)	\$-492	
\$6,900	\$9,300	4% (0.040)	\$140						



## 2008 Alternative Energy Production Credit

15-32-401 through 406, MCA

Name (as it appears on your tax return) Rader Angus Ranch, Inc

Your Social Security Number or Federal Employer Identification Number \_\_\_\_\_

If this credit is passed through to you from a partnership or S corporation, enter below the name of the partnership or S corporation, FEIN and your percentage of ownership in the partnership or S corporation.

Name \_\_\_\_\_ FEIN \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ %

Location of your alternative energy producing assets Seeley Lake, Montana 59888

1. Enter the amount of your eligible alternative energy equipment investment.....	1.	<table border="1"><tr><td>\$15,000</td></tr></table>	\$15,000
\$15,000			
2. Enter your Montana taxable income (Individuals, Form 2, line 45; C corporations Form CLT-4, line 9).....	2.	<table border="1"><tr><td> </td></tr></table>	
▶ If the alternative energy production income is part of a business with both qualifying and non-qualifying income sources, the allocation schedule below must be used to calculate the amount on line 3.			
3. Enter the net income attributable to eligible alternative energy equipment.....	3.	<table border="1"><tr><td> </td></tr></table>	
4. Subtract the amount on line 3 from the amount on line 2 and enter the result here .....	4.	<table border="1"><tr><td> </td></tr></table>	
5. Enter the total tax as shown on your return (Individuals, Form 2, line 46; C corporations, Form CLT-4, line 10.) .....	5.	<table border="1"><tr><td> </td></tr></table>	
6. Calculate the tax due for the income reported on line 4 (Individuals use tax table; C corporations use 6.75%.) .....	6.	<table border="1"><tr><td> </td></tr></table>	
7. Subtract line 6 from line 5 to calculate income tax attributable to alternative energy production and enter the result here. (The amount of credit applied may not exceed this amount.) .....	7.	<table border="1"><tr><td> </td></tr></table>	
8. Enter 35% (0.35) of line 1 to calculate your Montana alternative energy production credit; include your carryforward amount \$_____ from previous years in your line 8 total. See instructions for further carryforward information. This is your allowable alternative energy production credit. Enter here and on your Form 2, Schedule V, for individuals; Form PR-1, Schedule II, for partnerships; Form CLT-4S, Schedule II, for S corporations; Form CLT-4, Schedule C, for C corporations .....	8.	<table border="1"><tr><td>\$5,250</td></tr></table>	\$5,250
\$5,250			

### Income Allocation Schedule

a. Total Factors		b. Montana Factors		c. Factor (b) divided by (a) = (c)				
9. Business property	<table border="1"><tr><td>\$</td></tr></table>	\$	Alternative energy related property	<table border="1"><tr><td>\$</td></tr></table>	\$	9.	<table border="1"><tr><td>%</td></tr></table>	%
\$								
\$								
%								
10. Business payroll	<table border="1"><tr><td>\$</td></tr></table>	\$	Alternative energy related payroll	<table border="1"><tr><td>\$</td></tr></table>	\$	10.	<table border="1"><tr><td>%</td></tr></table>	%
\$								
\$								
%								
11. Business sales	<table border="1"><tr><td>\$</td></tr></table>	\$	Alternative energy related sales	<table border="1"><tr><td>\$</td></tr></table>	\$	11.	<table border="1"><tr><td>%</td></tr></table>	%
\$								
\$								
%								
12. Enter the sum of the factors from lines 9, 10 and 11 .....	12.			12.	<table border="1"><tr><td>%</td></tr></table>	%		
%								
13. Divide the amount from line 12 by 3 and enter the result here.....	13.			13.	<table border="1"><tr><td>%</td></tr></table>	%		
%								
14. Enter the amount from line 2 above .....	14.			14.	<table border="1"><tr><td> </td></tr></table>			
15. Multiply the amount on line 14 by the amount on line 13. <b>This is your allocated energy production income.</b> Enter here and on line 3 above.....	15.			15.	<table border="1"><tr><td> </td></tr></table>			

When you file your Montana income tax return electronically, you represent that you have retained all documents required as a tax record and that you will provide a copy to the department upon request.

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) <u>xx-xxxxxxx</u>	<b>Check applicable boxes:</b> <input checked="" type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Rader Angus Ranch PO Box 806 Seeley Lake, MT 59868	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) <u>xxx-xx-xxxx</u>	<b>D</b> Check this box if partner/shareholder is a nonresident: <input checked="" type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Sharon Rader 3695 Halter Drive Las Vegas, NV 89122			
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>E</b> Shareholder's percentage of stock ownership <u>17.706360</u> %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	_____ %	_____ %
	Loss	_____ %	_____ %
	Capital	_____ %	_____ %

## Part 3 - All Partners/Shareholders-Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	<u>68,525</u>	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.	_____	
2. Taxes based on income or profits .....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. <b>Apportioned income.</b> Income apportioned to Montana .....	D1.	_____	Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount .....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.	_____	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	_____ %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	_____	
3. Net rental real estate income (loss) .....	3.	_____	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments .....	5.	_____	
6. Interest income .....	6.	_____	
7. Ordinary dividends .....	7.	_____	
8. Royalties .....	8.	_____	
9. Net short-term capital gain (loss) .....	9.	_____	
10. Net long-term capital gain (loss) .....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount .....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.	<u>3,819</u>	
14. Montana income tax withheld on behalf of partner/shareholder .....	14.	_____	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____	
2. Film Production Credit expenses .....	2.	_____	
3. Mineral royalties tax withholding .....	3.	_____	
4. Other information. List type _____ and amount .....	4.	_____	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	_____	
3. Contractor's gross receipts tax credit .....	3.	_____	
4. Other credit/recapture information. List type <u>AEPC</u> and amount ...	4.	<u>930.</u>	
		<u>89.</u>	



# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) <u>xx-xxxxxxx</u>	<b>Check applicable boxes:</b> <input checked="" type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Rader Angus Ranch PO Box 806 Seeley Lake, MT 59868	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) <u>xxx-xx-xxxx</u>	<b>D</b> Check this box if partner/shareholder is a nonresident: <input checked="" type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Carole Guidry 101 North Sanders Hayden, ID 83835			
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>E</b> Shareholder's percentage of stock ownership <u>17.706360</u> %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	_____ %	_____ %
	Loss	_____ %	_____ %
	Capital	_____ %	_____ %

## Part 3 - All Partners/Shareholders—Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	<u>68,525</u>	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.	_____	
2. Taxes based on income or profits .....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from Income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. <b>Apportioned income.</b> Income apportioned to Montana .....	D1.	_____	Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount .....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.	_____	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	_____ %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	_____	
3. Net rental real estate income (loss) .....	3.	_____	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments .....	5.	_____	
6. Interest income .....	6.	_____	
7. Ordinary dividends .....	7.	_____	
8. Royalties .....	8.	_____	
9. Net short-term capital gain (loss) .....	9.	_____	
10. Net long-term capital gain (loss) .....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount .....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.	<u>3,819</u>	
14. Montana income tax withheld on behalf of partner/shareholder .....	14.	_____	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____	
2. Film Production Credit expenses .....	2.	_____	
3. Mineral royalties tax withholding .....	3.	_____	
4. Other information. List type _____ and amount .....	4.	_____	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	_____	
3. Contractor's gross receipts tax credit .....	3.	_____	
4. Other credit/recapture information. List type <u>AEPC</u> and amount ...	4.	<u>930</u>	
		<u>89.</u>	

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) <u>xx-xxxxxxx</u>	<b>Check applicable boxes:</b> <input checked="" type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Rader Angus Ranch PO Box 806 Seeley Lake, MT 59868	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) <u>xxx-xx-xxxx</u>	<b>D</b> Check this box if partner/shareholder is a nonresident: <input checked="" type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Kelsie D Lewis 16799 West Deer Ridge Post Falls, ID 83854			
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>E</b> Shareholder's percentage of stock ownership <u>17.706360</u> %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	_____ %	_____ %
	Loss	_____ %	_____ %
	Capital	_____ %	_____ %

## Part 3 - All Partners/Shareholders—Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	<u>68,525</u>	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.	_____	
2. Taxes based on income or profits .....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. <b>Apportioned income.</b> Income apportioned to Montana .....	D1.	_____	Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount .....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.	_____	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	_____ %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	_____	
3. Net rental real estate income (loss) .....	3.	_____	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments .....	5.	_____	
6. Interest income .....	6.	_____	
7. Ordinary dividends .....	7.	_____	
8. Royalties .....	8.	_____	
9. Net short-term capital gain (loss) .....	9.	_____	
10. Net long-term capital gain (loss) .....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount .....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.	_____	
14. Montana income tax withheld on behalf of partner/shareholder .....	14.	<u>4,729</u>	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____
2. Film Production Credit expenses .....	2.	_____
3. Mineral royalties tax withholding .....	3.	_____
4. Other information. List type _____ and amount .....	4.	_____

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	_____
3. Contractor's gross receipts tax credit .....	3.	_____
4. Other credit/recapture information. List type <u>AEPL</u> and amount ...	4.	<u>930</u>
		<u>89</u>

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) <u>xx-xxxxxxx</u>	<b>Check applicable boxes:</b> <input checked="" type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Rader Angus Ranch PO Box 806 Seeley Lake, MT 59868	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) <u>xxx-xx-xxxx</u>	<b>D</b> Check this box if partner/shareholder is a nonresident: <input checked="" type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Bradley M Doing 3019 NE Huntington Lane Ankeny, IA 50021			
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>E</b> Shareholder's percentage of stock ownership <u>1</u> <u>1.468200</u> %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	_____ %	_____ %
	Loss	_____ %	_____ %
	Capital	_____ %	_____ %

## Part 3 - All Partners/Shareholders—Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	<u>44,386</u>	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.	_____	
2. Taxes based on income or profits .....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. <b>Apportioned income.</b> Income apportioned to Montana .....	D1.	_____	Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount .....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.	_____	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	_____ %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	_____	
3. Net rental real estate income (loss) .....	3.	_____	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments .....	5.	_____	
6. Interest income .....	6.	_____	
7. Ordinary dividends .....	7.	_____	
8. Royalties .....	8.	_____	
9. Net short-term capital gain (loss) .....	9.	_____	
10. Net long-term capital gain (loss) .....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount .....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.	_____	
14. Montana income tax withheld on behalf of partner/shareholder .....	14.	<u>3,063</u>	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____	
2. Film Production Credit expenses .....	2.	_____	
3. Mineral royalties tax withholding .....	3.	_____	
4. Other information. List type _____ and amount .....	4.	_____	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	_____	
3. Contractor's gross receipts tax credit .....	3.	_____	
4. Other credit/recapture information. List type <u>AFPC</u> and amount ...	4.	<u>600</u>	
		<u>55.</u>	



## 2008 Alternative Fuel Credit

15-30-164, MCA

MONTANA

AFCR

Rev. 07-08

Name (as it appears on your tax return) Rader Angus Ranch, Inc

Your Social Security Number or Federal Employer Identification Number XX-XXXXXXX

If this credit is passed through to you from a partnership or S corporation, enter below the name of the partnership or S corporation, FEIN and your percentage of ownership in the partnership or S corporation.

Name \_\_\_\_\_ FEIN \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ %

Please complete this form to calculate your credit. Complete a separate Montana Form AFCR for each vehicle that you converted.

Year and make of vehicle: 2008 Dodge Ram Date conversion completed: 06-30-2009

Alternative fuel type: Liquified Natural Gas Gross vehicle weight: 8,000 lbs

1. Enter your cost of the conversion here ..... 1. 4,500
2. Multiply the amount on line 1 by 50% (0.50) and enter the result here..... 2. 2,250
3. If your gross vehicle weight is 10,000 pounds or less, enter \$500 here;  
If your gross vehicle weight is more than 10,000 pounds enter \$1,000 here..... 3. 500
4. Enter the smaller of line 2 or line 3. **This is your allowable alternative fuel credit for this vehicle**..... 4. 500
5. Add the amount on line 4 for each Form AFCR that you submit and enter the result here. **This is your total alternative fuel credit** ..... 5. \_\_\_\_\_

If you are an individual, enter the amount from line 5 above on Form 2, Schedule V.

If you are a C corporation, enter the amount from line 5 above on Form CLT-4, Schedule C.

If you are a Partnership, enter the amount from line 5 above on Form PR-1, Schedule II.

If you are an S corporation, enter the amount from line 5 above on Form CLT-4S, Schedule II.

### General Instructions

#### Definitions

**"Alternative Fuel"** means natural gas, liquefied petroleum gas, liquefied natural gas, hydrogen, electricity or any other fuel if at least 85% (0.85) of the fuel is methanol, ethanol or other alcohol, ether, or any combination of these.

#### Who can claim this credit?

An individual, corporation, partnership or small business corporation that converts a vehicle that is licensed in Montana, from operating on gasoline to operating on an alternative fuel.

#### How do I claim my alternative fuel credit when I am a partner or shareholder in a partnership or S corporation?

When the partnership or S corporation converts a vehicle to operate on an alternative fuel, the entity will report the credit on its informational tax return and provide you with information about your share of the credit.

Your share of the alternative fuel credit that is passed through to you by the S corporation or partnership is based on the same proportion used by you to report your income and loss for Montana tax purposes.

When you file your Montana income tax return electronically, you represent that you have retained all documents required as a tax record and that you will provide a copy to the department upon request.

When the conversion is made by your S corporation or partnership, remember to complete the information above that identifies the entity's name, federal employer identification number and your percentage of ownership.

#### Can I carry any of my excess alternative fuel credit back to a prior year or forward to a subsequent year?

No, you cannot. Your credit cannot exceed your tax liability. You cannot carry back or carry forward any of your unused credit. Your credit will only apply in the year that you convert your vehicle to operate on an alternative fuel.

#### What information do I have to include with my tax return when I claim this credit?

When you claim this credit, please attach a copy of Montana Form AFCR to your individual income tax or corporate license tax return. If you are an S corporation or a partnership and are claiming this credit, attach Montana Form AFCR to your Montana information return Form CLT-4S or PR-1 and include a separate statement identifying each owner and their proportionate share of this credit.

If you have questions, please call us toll free at (866) 859-2254 (in Helena, 444-6900).

# U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

**2009**

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ See separate instructions.

For calendar year 2009 or tax year beginning , 2009, ending , 20

<b>A</b> S election effective date <b>01/01/95</b>	<b>Use IRS label. Otherwise, print or type.</b>	<b>Name</b> <b>Rader Angus Ranch</b>	<b>D</b> Employer identification number
<b>B</b> Business activity code number (see instructions) <b>531190</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 806</b>	<b>E</b> Date incorporated <b>01/07/94</b>
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state, and ZIP code <b>Seeley Lake, Montana 59888</b>	<b>F</b> Total assets (see instructions) \$ <b>93,181</b>

**G** Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filed

**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change

(4) ☐ Amended return (5) ☐ S election termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year

**Caution.** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>b</b> Less returns and allowances	<b>c</b> Bal ▶	<b>1c</b>	
	<b>2</b> Cost of goods sold (Schedule A, line 8)			<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b>	
	<b>4</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>4</b>	
	<b>5</b> Other income (loss) (see instructions—attach statement)			<b>5</b>	<b>2,000</b>
	<b>6</b> Total income (loss). Add lines 3 through 5 ▶			<b>6</b>	<b>2,000</b>
<b>Deductions</b> (see instructions for limitations)	<b>7</b> Compensation of officers			<b>7</b>	
	<b>8</b> Salaries and wages (less employment credits)			<b>8</b>	
	<b>9</b> Repairs and maintenance			<b>9</b>	
	<b>10</b> Bad debts			<b>10</b>	
	<b>11</b> Rents			<b>11</b>	
	<b>12</b> Taxes and licenses			<b>12</b>	
	<b>13</b> Interest			<b>13</b>	
	<b>14</b> Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			<b>14</b>	
	<b>15</b> Depletion (Do not deduct oil and gas depletion.)			<b>15</b>	
	<b>16</b> Advertising			<b>16</b>	
	<b>17</b> Pension, profit-sharing, etc., plans			<b>17</b>	
	<b>18</b> Employee benefit programs			<b>18</b>	
	<b>19</b> Other deductions (attach statement)			<b>19</b>	
	<b>20</b> Total deductions. Add lines 7 through 19 ▶			<b>20</b>	<b>2,000</b>
	<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6			<b>21</b>	
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions)	<b>22a</b>			
	<b>b</b> Tax from Schedule D (Form 1120S)	<b>22b</b>			
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes)			<b>22c</b>	
	<b>23a</b> 2009 estimated tax payments and 2008 overpayment credited to 2009	<b>23a</b>			
	<b>b</b> Tax deposited with Form 7004	<b>23b</b>			
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136)	<b>23c</b>			
	<b>d</b> Add lines 23a through 23c			<b>23d</b>	
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>			<b>24</b>	
	<b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			<b>25</b>	
	<b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			<b>26</b>	
<b>27</b> Enter amount from line 26 Credited to 2010 estimated tax ▶		<b>Refunded ▶</b>	<b>27</b>		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP code \_\_\_\_\_ EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

**Schedule A Cost of Goods Sold** (see instructions)

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>		
<b>2</b>	Purchases . . . . .	<b>2</b>		
<b>3</b>	Cost of labor . . . . .	<b>3</b>		
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>		
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>		
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>		
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>		
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2 . . . . .	<b>8</b>		

**9a** Check all methods used for valuing closing inventory: (i) ☐ Cost as described in Regulations section 1.471-3  
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4  
(iii) ☐ Other (Specify method used and attach explanation.) ▶

**b** Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) . . . . . ☐

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . . ☐

**d** If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO . . . . . **9d**

**e** If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? . . . . . ☐ Yes ☐ No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? . . . . . ☐ Yes ☐ No  
If "Yes," attach explanation.

**Schedule B Other Information** (see instructions)

	Yes	No
<b>1</b> Check accounting method: <b>a</b> <input type="checkbox"/> Cash <b>b</b> <input type="checkbox"/> Accrual <b>c</b> <input type="checkbox"/> Other (specify) ▶		
<b>2</b> See the instructions and enter the: <b>a</b> Business activity ▶ <b>b</b> Product or service ▶		
<b>3</b> At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made? . . . . .		✓
<b>4</b> Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction? . . . . .		✓
<b>5</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.		
<b>6</b> If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years . . . . . ▶ \$		
<b>7</b> Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$		
<b>8</b> Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1 . . . . .		✓

**Schedule K Shareholders' Pro Rata Share Items**

	Total amount
<b>1</b> Ordinary business income (loss) (page 1, line 21) . . . . .	<b>1</b> 2,000
<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b> 385,006
<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>	
<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>	
<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>	
<b>4</b> Interest income . . . . .	<b>4</b> 44
<b>5</b> Dividends: <b>a</b> Ordinary dividends . . . . . <b>5a</b> <b>b</b> Qualified dividends . . . . . <b>5b</b>	
<b>6</b> Royalties . . . . .	<b>6</b>
<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) . . . . .	<b>7</b>
<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) . . . . .	<b>8a</b>
<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>8b</b>	
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>8c</b>	
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) . . . . .	<b>9</b>
<b>10</b> Other income (loss) (see instructions) . . . . . Type ▶	<b>10</b>

Shareholders' Pro Rata Share Items (continued)		Total amount	
<b>Deductions</b>	<b>11</b> Section 179 deduction (attach Form 4562) . . . . .	<b>11</b>	
	<b>12a</b> Contributions . . . . .	<b>12a</b>	
	<b>b</b> Investment interest expense . . . . .	<b>12b</b>	
	<b>c</b> Section 59(e)(2) expenditures <b>(1) Type ▶</b> . . . . . <b>(2) Amount ▶</b>	<b>12c(2)</b>	
	<b>d</b> Other deductions (see instructions) . . . . . <b>Type ▶</b>	<b>12d</b>	
<b>Credits</b>	<b>13a</b> Low-income housing credit (section 42(j)(5)) . . . . .	<b>13a</b>	
	<b>b</b> Low-income housing credit (other) . . . . .	<b>13b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	<b>13c</b>	
	<b>d</b> Other rental real estate credits (see instructions) <b>Type ▶</b> . . . . .	<b>13d</b>	
	<b>e</b> Other rental credits (see instructions) . . . . . <b>Type ▶</b>	<b>13e</b>	
	<b>f</b> Alcohol and cellulosic biofuel fuels credit (attach Form 6478) . . . . .	<b>13f</b>	
	<b>g</b> Other credits (see instructions) . . . . . <b>Type ▶</b>	<b>13g</b>	
<b>Foreign Transactions</b>	<b>14a</b> Name of country or U.S. possession ▶ . . . . .		
	<b>b</b> Gross income from all sources . . . . .	<b>14b</b>	
	<b>c</b> Gross income sourced at shareholder level . . . . .	<b>14c</b>	
	<i>Foreign gross income sourced at corporate level</i> . . . . .		
	<b>d</b> Passive category . . . . .	<b>14d</b>	
	<b>e</b> General category . . . . .	<b>14e</b>	
	<b>f</b> Other (attach statement) . . . . .	<b>14f</b>	
	<i>Deductions allocated and apportioned at shareholder level</i> . . . . .		
	<b>g</b> Interest expense . . . . .	<b>14g</b>	
	<b>h</b> Other . . . . .	<b>14h</b>	
	<i>Deductions allocated and apportioned at corporate level to foreign source income</i> . . . . .		
	<b>i</b> Passive category . . . . .	<b>14i</b>	
	<b>j</b> General category . . . . .	<b>14j</b>	
	<b>k</b> Other (attach statement) . . . . .	<b>14k</b>	
<i>Other information</i> . . . . .			
<b>l</b> Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued . . . . .	<b>14l</b>		
<b>m</b> Reduction in taxes available for credit (attach statement) . . . . .	<b>14m</b>		
<b>n</b> Other foreign tax information (attach statement) . . . . .			
<b>Alternative Minimum Tax (AMT) Items</b>	<b>15a</b> Post-1986 depreciation adjustment . . . . .	<b>15a</b>	
	<b>b</b> Adjusted gain or loss . . . . .	<b>15b</b>	
	<b>c</b> Depletion (other than oil and gas) . . . . .	<b>15c</b>	
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . .	<b>15d</b>	
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . .	<b>15e</b>	
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>15f</b>	
<b>Items Affecting Shareholder Basis</b>	<b>16a</b> Tax-exempt interest income . . . . .	<b>16a</b>	
	<b>b</b> Other tax-exempt income . . . . .	<b>16b</b>	
	<b>c</b> Nondeductible expenses . . . . .	<b>16c</b>	
	<b>d</b> Property distributions . . . . .	<b>16d</b>	386,290
	<b>e</b> Repayment of loans from shareholders . . . . .	<b>16e</b>	
<b>Other Information</b>	<b>17a</b> Investment income . . . . .	<b>17a</b>	44
	<b>b</b> Investment expenses . . . . .	<b>17b</b>	
	<b>c</b> Dividend distributions paid from accumulated earnings and profits . . . . .	<b>17c</b>	
	<b>d</b> Other items and amounts (attach statement) . . . . .		
<b>Reconciliation</b>	<b>18</b> <b>Income/loss reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l . . . . .	<b>18</b>	387,050

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash . . . . .		3,352		5,138
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .	( )		( )	
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .		4,059		5,232
10a	Buildings and other depreciable assets . . . . .	85,835		85,835	
b	Less accumulated depreciation . . . . .	825		3,024	82,811
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )		( )	
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )		( )	
14	Other assets (attach statement) . . . . .				
15	<b>Total assets</b> . . . . .		92,421		91,181
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .				
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach statement) . . . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach statement) . . . . .				
22	Capital stock . . . . .		80,035		80,035
23	Additional paid-in capital . . . . .				
24	Retained earnings . . . . .		367,386		368,146
25	Adjustments to shareholders' equity (attach statement) . . . . .				
26	Less cost of treasury stock . . . . .		355,000		355,000
27	<b>Total liabilities and shareholders' equity</b> . . . . .		92,421		93,181

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more—see instructions

1	Net income (loss) per books . . . . .	387,050	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): . . . . .		a	Tax-exempt interest \$ . . . . .	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a	Depreciation \$ . . . . .		a	Depreciation \$ . . . . .	
b	Travel and entertainment \$ . . . . .		7	Add lines 5 and 6 . . . . .	
4	Add lines 1 through 3 . . . . .	387,050	8	Income (loss) (Schedule K, line 18). Line 4 less line 7 . . . . .	387,050

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed** (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year . . . . .	367,386	
2	Ordinary income from page 1, line 21 . . . . .	2,000	
3	Other additions . . . . .	385,050	
4	Loss from page 1, line 21 . . . . .	( )	
5	Other reductions . . . . .	( )	
6	Combine lines 1 through 5 . . . . .	754,436	
7	Distributions other than dividend distributions . . . . .	386,290	
8	Balance at end of tax year. Subtract line 7 from line 6 . . . . .	368,146	



# Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ See instructions on back.  
▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name

Employer identification number

1 Show the kind and location of each property. See page 2 to list additional properties.

**A** Farm Rental  
Seeley Lake, Montana

**B**

**C**

**D**

Rental Real Estate Income		Properties					
		A	B	C	D		
2	Gross rents	2	500,006				
<b>Rental Real Estate Expenses</b>							
3	Advertising	3					
4	Auto and travel	4					
5	Cleaning and maintenance	5					
6	Commissions	6					
7	Insurance	7	5,000				
8	Legal and other professional fees	8					
9	Interest	9	6,500				
10	Repairs	10	2,500				
11	Taxes	11	15,555				
12	Utilities	12					
13	Wages and salaries	13					
14	Depreciation (see instructions)	14	85,455				
15	Other (list) ▶	15					
16	Total expenses for each property. Add lines 3 through 15	16	115,000				
17	Total gross rents. Add gross rents from line 2, columns A through H	17	500,006				
18	Total expenses. Add total expenses from line 16, columns A through H	18	( 115,000 )				
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19					
20a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a					
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:						
(1) Name	(2) Employer identification number						
21	Net rental real estate income (loss). Combine lines 17 through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	21	385,006				

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2009**Attachment  
Sequence No. **67**Name(s) shown on return  
**Rader Angus Ranch**Business or activity to which this form relates  
**Farm Rental**

Identifying number

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	85,445
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	250,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
Various		85,445	85,445

7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	85,445
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	85,455
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	85,455
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	22	85,445
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2009)

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

**Schedule K-1****(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2009**For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP code**Rader Angus Ranch Inc.**  
**PO Box 806**  
**Seeley Lake, Montana 59868****C** IRS Center where corporation filed return  
**Ogden, Utah****Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code**Kevin Bock**  
**PO Box 806**  
**Seeley Lake, Montana 59868****F** Shareholder's percentage of stock  
ownership for tax year **17.706360** %

For IRS Use Only

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<b>354</b>		
<b>2</b>	Net rental real estate income (loss)		
	<b>68,171</b>		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>D</b>	<b>68,398</b>
<b>12</b>	Other deductions		
		<b>17</b>	Other information
		<b>A</b>	<b>8</b>

\* See attached statement for additional information.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2009**For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number	
<b>B</b> Corporation's name, address, city, state, and ZIP code <b>Rader Angus Ranch Inc.</b> <b>PO Box 806</b> <b>Seeley Lake, Montana 59868</b>	
<b>C</b> IRS Center where corporation filed return <b>Ogden, Utah</b>	
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number	
<b>E</b> Shareholder's name, address, city, state, and ZIP code <b>Brent R Smith</b> <b>2986 Canal Circle</b> <b>Helena, Montana 59601</b>	
<b>F</b> Shareholder's percentage of stock ownership for tax year <div style="text-align: right;">17.706360 %</div>	

For IRS Use Only

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	354		
<b>2</b>	Net rental real estate income (loss)		
	68,171		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>D</b>	68,398
<b>12</b>	Other deductions		
		<b>17</b>	Other information
		<b>A</b>	8
* See attached statement for additional information.			

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2009**For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20 \_\_\_\_\_**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<b>354</b>		
<b>2</b>	Net rental real estate income (loss)		
	<b>68,171</b>		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>D</b>	<b>68,398</b>
<b>12</b>	Other deductions		
		<b>17</b>	Other information
		<b>A</b>	<b>8</b>

\* See attached statement for additional information.

**Part I Information About the Corporation****A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP codeRader Angus Ranch Inc.  
PO Box 806  
Seeley Lake, Montana 59868**C** IRS Center where corporation filed return  
Ogden, Utah**Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP codeSharon R Rader  
3695 Halter Drive  
Las Vegas, Nevada 89122**F** Shareholder's percentage of stock  
ownership for tax year **17.706360** %

For IRS Use Only

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2009**For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20 \_\_\_\_\_**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP code**Rader Angus Ranch Inc.**  
**PO Box 806**  
**Seeley Lake, Montana 59868****C** IRS Center where corporation filed return  
**Ogden, Utah****Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code**Carole Guidry**  
**101 North Street**  
**Hayden, Idaho 83835****F** Shareholder's percentage of stock  
ownership for tax year**17.706360 %**

For IRS Use Only

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<b>354</b>		
<b>2</b>	Net rental real estate income (loss)		
	<b>68,171</b>		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	<b>8</b>		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>D</b>	<b>68,398</b>
<b>12</b>	Other deductions		
		<b>17</b>	Other information
		<b>A</b>	<b>8</b>

\* See attached statement for additional information.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2009**For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<b>354</b>		
<b>2</b>	Net rental real estate income (loss)		
	<b>44,153</b>		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	<b>8</b>		
<b>5a</b>	Ordinary dividends	<b>14</b>	Foreign transactions
<b>5b</b>	Qualified dividends		
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
			<b>44,300</b>
<b>12</b>	Other deductions		
		<b>17</b>	Other information

\* See attached statement for additional information.

**Part I Information About the Corporation****A** Corporation's employer identification number  
xx-xxxxxxx**B** Corporation's name, address, city, state, and ZIP code  
**Rader Angus Ranch, Inc**  
**Po Box 806**  
**Seeley Lake, MT 59868****C** IRS Center where corporation filed return**Part II Information About the Shareholder****D** Shareholder's identifying number  
xxx-xx-xxxx**E** Shareholder's name, address, city, state, and ZIP code  
**Kelsie D Lewis**  
**16799 West Deer Ridge**  
**Post Falls, ID 83854****F** Shareholder's percentage of stock  
ownership for tax year **17.706360** %

For IRS Use Only

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2009**For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP code**Rader Angus Ranch Inc.**  
**PO Box 806**  
**Seeley Lake, Montana 59868****C** IRS Center where corporation filed return  
**Ogden, Utah****Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code**Bradley M Doig**  
**3019 NE Huntingwon Lane**  
**Ankeny, Iowa 50021****F** Shareholder's percentage of stock  
ownership for tax year **11.468200 %**

For IRS Use Only

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<b>229</b>		
<b>2</b>	Net rental real estate income (loss)		
	<b>44,153</b>		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>D</b>	<b>44,300</b>
<b>12</b>	Other deductions		
		<b>17</b>	Other information
		<b>A</b>	<b>5</b>

\* See attached statement for additional information.